MULTIPLE I___DENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 - 786992
APPLICAN_
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		4			55						
6		(1)		(1)			56						
7		(1)		(1)			57						
8		(1)		(1)			58						
9		(1)		(1)			59						
10		(1)		(1)			60						
11		(1)		(1)			61						
12		(1)		(1)			62						
13		(1)		(1)			63						
14		(1)		(1)			64						
15		(1)		(1)			65						
16		(1)		(1)			66						
17		(1)		/			67						
18	/			f			68						
19		1		2			69						
20		2		1			70						
21	/		/				71						
22				1			72						
23		1					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	23		22				TOTAL DEP.						
TOTAL CLAIMS	27		26				TOTAL CLAIMS						

PTO-1360 (3-78) •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS